

**Fill in this information to identify the case:**

Debtor name Dental Plus Management, LLC

United States Bankruptcy Court for the: Southern District of Texas

Case number (If known): 16-33482-H4-11

☐ Check if this is an amended filing

## Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B* .....\$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 157,366.831c. **Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 157,366.83**Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D* .....\$ 145,471.753. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....\$ 227,715.833b. **Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....+ \$ 891,272.10

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 1,264,459.68

**Fill in this information to identify the case:**Debtor name Dental Plus Management, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number (if known): 16-33482-H4-11☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Amegy BankChecking Account7 8 9 0\$ 1,372.803.2. Amegy BankChecking Account0 6 8 3\$ -294.62**4. Other cash equivalents (Identify all)**

3

4.1. Checking Account - Chase Bank, acct. no. ...0614\$ -317.05

4.2. \_\_\_\_\_

\$ \_\_\_\_\_

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 761.13**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. \_\_\_\_\_

\$ \_\_\_\_\_

7.2. \_\_\_\_\_

\$ \_\_\_\_\_

Debtor

Dental Plus Management, LLC  
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Case number (if known) 16-33482-H4-11

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: \$91,785.35 - \$55,071.21 = ..... → \$36,714.14  
face amount doubtful or uncollectible accounts11b. Over 90 days old: \$157,228.89 - \$94,337.33 = ..... → \$62,891.56  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 99,605.70**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method  
used for current value****Current value of debtor's  
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Dental Supplies and Medications	MM / DD / YYYY	\$ _____	_____	\$ 4,500.00
23. Total of Part 5				\$ 4,500.00
Add lines 19 through 22. Copy the total to line 84.				

**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> Office Furniture (List Attached) See Attachment 1: Additional Office Furniture	\$ _____	_____	\$ 5,000.00
40. <b>Office fixtures</b> Office Fixtures (List Attached) See Attachment 2: Additional Office Fixtures	\$ _____	_____	\$ 1,500.00
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Office Equipment (List Attached) See Attachment 3: Additional Office Equipment	\$ _____	_____	\$ 4,500.00
42. <b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 11,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
_____	\$ _____	_____	\$ _____
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ _____

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☐ No☐ Yes**Part 10: Intangibles and Intellectual Property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ \_\_\_\_\_

Debtor

Dental Plus Management, LLC  
Name

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____	—	_____	= →	\$ _____
	Total face amount	doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____	\$ _____
-------	----------

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____	\$ _____
-------	----------

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____	\$ _____
-------	----------

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

_____	\$ _____
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77. Other property of any kind not already listed Examples: Season tickets, country club membership

ROOM 2 (AT EXIT SIGN)-Osstem OSM2 Implant Device

\$3,500.00

Front Exam Rm/Back Wall-Dental Recliner Chair

\$6,500.00

See Attachment 4: Additional Property Not Already Listed

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

**\$41,500.00**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes



**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 761.13	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 99,605.70	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 4,500.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i>	\$ 11,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> .....	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 41,500.00	
91. Total. Add lines 80 through 90 for each column. .... 91a.	\$ 157,366.83	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		\$ 157,366.83

Attachment 1/5

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Attachment 1: Additional Office Furniture

Description: CONFERENCE ROOM/CONNECTING OFFICE: 6ft Table; 6ft Folding Table; Cushioned Roller Chairs (2); Stationary Chair; Stackable File Cabinets (4); Five Shelf Book Shelves; Portable Black File Box; Wall in box; 4ft Ladder; and Blue Crates/Storage (2).

Book Value:

Value:

Description: FILE ROOM/STORAGE: Small Desk; Cushioned Roller Chair; and Cushioned Roller Stool.

Book Value:

Value:

Description: DR. MOON'S OFFICE: Desk; Stationary Chairs (2); and High Back Roller Cushioned Chair.

Book Value:

Value:

Description: TONI CORMIER'S OFFICE: Small Desk/Credenza; 3 Drawer File Cabinet; Leg Desk; Cushioned Roller Chair; and 5 Shelf Book Shelf.

Book Value:

Value:

Description: RECEPTION AREA: Four Drawer File Cabinet; 3 Shelf Roller Files; Small 3 Drawer Roller File Cabinet(s); 5 Shelf Wooden Book Shelf; Cushioned Roller Chairs (3); Stationary Cushion Chair; and 2 Drawer File - Small.

Book Value:

Value:

Description: MACHINE ROOM: Light Work Desk 3 Drawer/Metal; and Cushioned High Back Roller Chair.

Book Value:

Value:

Attachment 2: Additional Office Fixtures

Description: FRONT EXAM ROOM/BACK WALL CUBE: Flip Top Waste Can; Acrylic Inbox File; and Acrylic Wall Folder Holder.

Book Value:

Value:

Description: FRONT EXAM ROOM/FRONT DOOR CUBE: Equipment Storage Box; Waste Basket (Plastic, 1); Small Wall Mirror; Acrylic Wall File Holder; and Haier Box Fan.

Attachment 2/5

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Book Value:

Value:

Description: FILE ROOM STORAGE: Oscillating Fans (3); Box Fan (1); Round Floor Fans (2); Flip Top Waste Can; Mini Fans (2); Faberware Small Coffee Maker; Holmes Air Heater/Fan; and Box of Styrofoam Coffee Cups.

Book Value:

Value:

Description: DR. MOON'S OFFICE: Dry Eraser Boards (2) and Cork Bulletin Board (1).

Book Value:

Value:

Description: TONI CORMIER'S OFFICE: Small Fan; Quiet Set Fan Upright/Honeywell; and Sentry Safe.

Book Value:

Value:

Description: RECEPTION AREA: Flip Top Waste Can.

Book Value:

Value:

Description: MACHINE ROOM: Tall Plastic Waste Basket; Wall Paper Towel Dispenser; Wall Inboxes (2); Crock Pot/Coffee Pot; Broom and Dust Pan; and Surge Protected Power Cord

Book Value:

Value:

Attachment 3: Additional Office Equipment

Description: OFFICE: iPad; iPhone

Book Value:

Value:

Description: CONFERENCE ROOM/CONNECTING OFFICE: RCA Phones (2); Dell Keyboards (2); Logitech Keyboards (4); Inland Mouse; Logitech Mouse; Dell Mouse; Fellows Mouse; HP Keyboard; Dell Monitors (2); Intel Pendulum Drives (4); Direct TV Boxes (4); Direct TV Remotes (5); Lucent Phone (Old); Electrotorque Plus/Safe Drive; Extension Power Cord; and Unattended Time Clock.

Book Value:

Value:

Description: FRONT EXAM ROOM/BACK WALL CUBE: Logitech Keyboard/Mouse and Dell Monitor

Attachment 3/5

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Book Value:

Value:

Description: FRONT EXAM ROOM/FRONT DOOR CUBE: Centurion Computer Drive.

Book Value:

Value:

Description: FILE ROOM/STORAGE: HP All-in-One Office Jet Fax and 1-INC Monitors (2).

Book Value:

Value:

Description: DR. MOON'S OFFICE: Dell Monitors (2); NZXT Drive; Sanford WF-3540 Printer; and HP 1010 Color Printer.

Book Value:

Value:

Description: TONI CORMIER'S OFFICE: Samsung Printer; Computer Drive - LG; ASUS Monitor; Fellows Monitor Stand; Swann Digital Voice Recorder; and JVC Monitor

Book Value:

Value:

Description: RECEPTION AREA: Dell Monitors (3); Logitech Keyboard/Mouse (3); Dell Drive (3); and RCA Phone System (3).

Book Value:

Value:

Attachment 4: Additional Property Not Already Listed

Description: File Room/Storage - Box OP Light Fixtures/Water Bottles

Value: \$6,500.00

Description: OTHER MACHINERY, FURNITURE, FIXTURE & EQUIPMENT LISTED BELOW:

Value: \$25,000.00

Description: END HALL ROOM: Dental Reclining Chair, S/N A180711; High Back Roller Stool; Low Back Roller Stool; Swing Arm Roller Stool; Wall Attached Light; & Wall Attached X-Ray/Scanner, S/N 1XRA 16294.

Value:

Description: END HALL ROOM: Equipment Storage Units; Wheel Chair; Lucent Technologies Merlin Magix Machine; Computer Drive (1)/Keyboard; Casio EZ Label Printer; Basket; X-Ray Aprons (4, Old); and Sink (1).

Attachment 4/5

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Value:

Description: ROOM 3 (WITH EXIT SIGN): Dental Recliner; Arm Attachments with Tools; Low Back Roller Chair; Arm Roller Chair; Equipment Storage Cabinet (Roller); Shelf Stand (2); Wall Mounter Light; Wall Mounted X-Ray Scanner; Brown Roller Equipment Storage Box; Small Desk; Dell Monitor; Logitech Keyboard/Mouse; Four Basket Roller Storage Shelf; X-Ray Apron; Deka Med Electronics Laser; Box Fan; Dual Gas Cylinder on Stand; and Single Gas Cylinder on Stand.

Value:

Description: ROOM 3 (WITH EXIT SIGN): Tall Plastic Waste Basket; Dual Wall Glove Dispenser; Small Mirror; Acrylic Wall Folder Holder; Surge Protector Power Cords (2); and Coltene Electronic Plug In Device.

Value:

Description: ROOM 2 (RIGHT AT EXIT SIGN): Equipment Storage Cabinet; Roller Basket with 3 Tier Tray; 2 Drawer L Shaped Desk; Dell Drive; Logitech Keyboard/Wireless Mouse; JVC Monitor with Remote; High Back Roller Chairs (2); Dental Recliner; Dental Recliner Arm Attachments with Dental Tools; Wall Attached Light; Wall Attached X-Ray; X-Ray Apron; Floor Fan (Wind Machine); Floor Scale; Small Mirror; Wall Inbox; Wall Acrylic Folder Holder; Dual Glove Dispenser; and Coltene Device (Plugged in on Desk).

Value:

Description: SUPPLY ROOM: Low Square Back Roller Chair Adjustable; Small Portable Tables; Step Stool; Backup Battery; Six Compartment Lockers (2); D61 Plastic Storage Container; Triple Plastic Storage Container; Mini Storage Container - 3 Tier; Plastic Storage Box (2); 6ft Table/Desk; Computer Server; HP Drive; Dell Keyboard; Dell Monitor/Mouse; Low Oval Back Roller Chair/Adjustable; Clipboards (2); Computer Drives (Discover 2); Dell Keyboard; Box of Wires; Small Refrigerator/Dental Supplies; GE Microwave; Frigidare Refrigerator; Black & Decker Toaster Oven; First Aid Kit; Box Fan; and Round Fans (2).

Value:

Description: FRONT EXAM ROOM (BACK WALL CUBE): Arm Attachments with Tools; High Arm Roller Chair; Standard Roller Chair; Arm Attachment Light; Equipment Storage Box; 3 Shelf Portable Stand; Wall Glove Dispenser; Plastic Teeth Display (4); and Toothbrush Cases (2)/Poladent Toothbrush System.

Value:

Description: FRONT EXAM ROOM (FRONT DOOR CUBE): Dental Recliner; High Arm Roller Chair; Standard Roller Chair; Arm Attachments with Tools; Four Shelf Stand; Wall Glove Dispenser; Clipboards (3); Pro Select Approved Comfort Tech (Hydro); Micro

Attachment 5/5

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Life B/P Cuff; Acrylic Wall Folder Holder; and Wall X-Ray Scanner

Value:

Description: FILE ROOM/STORAGE: High Arm Roller Stool; Broken Stool; Oxygen Cylinder in Black Case; IMS Cassette Signature Series; Popcorn Machine; Heavy Duty Banker Boxes; Biolase Machine; Quill.com Shredder; HP Sure Store DAT 40 Drive; Epson Workforce WF 3640 Printer; Dental Equipment Storage Table; and Box of Loose Wires.

Value:

Description: MACHINE ROOM: Air Star 70 Dental Air System; Vac Star Dental Vaccum System; Red Wing 84WL-CS; Proform Vaccum/Heat; Digital Ultra Sonic Cleaner; Wall Glove Dispenser; Metal Cassette System; Vaccum Cleaner - Green/Eureka; 2 Drawer 2 Shelf Stand; and Propane Tank

Value:

**Fill in this information to identify the case:**

Debtor name Dental Plus Management, LLC  
 United States Bankruptcy Court for the: Southern District of Texas  
 Case number (if known): 16-33482-H4-11

☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
 Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

<b>2.1 Creditor's name</b> <u>Americorp Financial, LLC</u>  <b>Creditor's mailing address</b> <u>877 S. Adams Road</u> <u>Birmingham, MI 48009</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>3 0 0 1</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.  	<b>Describe debtor's property that is subject to a lien</b> <u>1 Guru 6 1 Enlighten Intraoral Camera</u>  <b>Describe the lien</b> <u>Security Agreement - Lawsuit</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$ Unknown</u>	<u>\$ Unknown</u>
<b>2.2 Creditor's name</b> <u>Harris County, et al (John Dillman)</u>  <b>Creditor's mailing address</b> <u>P.O. Box 3064</u> <u>Houston, TX 77253</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>6 8 8 4</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Business Personal Property Taxes</u>  <b>Describe the lien</b>   <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$ 30,434.64</u>	<u>\$ 233,279.00</u>
<b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		<u>\$ 145,471.75</u>	

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.3** Creditor's name

Hartman Income REIT, Inc.

Describe debtor's property that is subject to a lien

Business space lease: \$49,317.00/CAM

\$51,113.90

\$Unknown

charges: \$1,796.90

Creditor's mailing address

2909 Hillcroft Ave., Suite 420

Houston, TX 77057

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

☒ No☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

2 6 0

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines**2.4** Creditor's name

Stearns Bank, N.A.

Describe debtor's property that is subject to a lien

K:6-MT8900;1-ET+L703;2-GP5LPR;1-QC+MN;1-HP

\$Unknown

\$Unknown

ESvr4656

Creditor's mailing address

500 13th Street

Albany, MN 56307

Describe the lien

Security Agreement - Lawsuit

Creditor's email address, if known

Is the creditor an insider or related party?

☒ No☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines



**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.5</b> Creditor's name <u>Time Payment Corp</u>  Creditor's mailing address <u>16 N.E. Executive Park, #200</u> <u>Burlington, MA 01803</u>  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number <u>2 1 4 9</u>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Lease of SAVIN copier machine -</u> <u>REJECTING LEASE</u> _____ Describe the lien <u>Security Agreement - Lawsuit</u> _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>19,619.30</u> \$ <u>Unknown</u>
<b>2.6</b> Creditor's name <u>Yellowstone Capital, LLC (Vadem Serebro)</u>  Creditor's mailing address <u>P.O. Box 1511 Wall Street Station</u> <u>New York, NY 10268</u>  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number <u>8 8 3 7</u>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>All assets, including account receivable,</u> <u>inventory, equipment, etc.</u> _____ Describe the lien <u>Security Agreement - Lawsuit</u> _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>44,303.91</u> \$ <u>Unknown</u>

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Americorp Financial, LLC/CSC 2727 Allen Parkway, Suite 100 Houston, TX 77019	Line 2. <u>1</u>	<u>3</u> <u>0</u> <u>0</u> <u>1</u>
Harris County, et al P.O. Box 4576 Houston, TX 77210	Line 2. <u>2</u>	<u>6</u> <u>8</u> <u>8</u> <u>4</u>
Harris County, et al 4828 Loop Central Dr., Suite 600 Houston, TX 77081	Line 2. <u>2</u>	<u>6</u> <u>8</u> <u>8</u> <u>4</u>
Harris County, et al 1001 Preston, Suite 100 Houston, TX 77002	Line 2. <u>2</u>	<u>6</u> <u>8</u> <u>8</u> <u>4</u>
Hartman Income REIT, Inc. P.O. Box 571017 Houston, TX 77257	Line 2. <u>3</u>	<u>2</u> <u>6</u> <u>0</u> <u>  </u>
Stearns Bank, N.A./CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Line 2. <u>4</u>	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
Yellowstone Capital, LLC 17 State Street, Suite 4000 New York, NY 10004	Line 2. <u>6</u>	<u>8</u> <u>8</u> <u>3</u> <u>7</u>
Yellowstone Capital, LLC 160 Pearl Street, 5th Floor New York, NY 77027	Line 2. <u>6</u>	<u>8</u> <u>8</u> <u>3</u> <u>7</u>
Yellowstone Capital, LLC (Vadem Serebro) 1 Evertrust Plaza, 14th Floor Jersey City, NJ 07302	Line 2. <u>6</u>	<u>8</u> <u>8</u> <u>3</u> <u>7</u>
Yellowstone Capital, LLC/CSC P.O. Box 2476 Springfield, Illinois 62708	Line 2. <u>6</u>	<u>8</u> <u>8</u> <u>3</u> <u>7</u>
	Line 2. <u>  </u>	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
	Line 2. <u>  </u>	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
	Line 2. <u>  </u>	<u>  </u> <u>  </u> <u>  </u> <u>  </u>
	Line 2. <u>  </u>	<u>  </u> <u>  </u> <u>  </u> <u>  </u>

## Fill in this information to identify the case:

Debtor Dental Plus Management, LLC

United States Bankruptcy Court for the: Southern District of Texas

Case number 16-33482-H4-11  
(If known)

☐ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address

Ariana Briones  
506 Hollyvale Road  
Houston, TX 768

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is: \$768.00

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

Total claim

Priority amount

**2.2** Priority creditor's name and mailing address

Ashley Jacob  
2630 Tanglewilde St., Apt. 386  
Houston, TX 77063

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is: \$650.99

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**2.3** Priority creditor's name and mailing address

Chasity Gillum  
3360 Alice Street, #115  
Houston, TX 77021

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is: \$645.00

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

\$ 2,700.00

\$ 2,700.00

Cynthia K. Rowland fka Cynthia Salczenko  
10730 Plainfield Street  
Houston, TX 77031

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.5 Priority creditor's name and mailing address

\$ 150,000.00

\$ 150,000.00

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Taxes and Other Government Debts (Payroll Taxes)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.6 Priority creditor's name and mailing address

\$ 853.25

\$ 853.25

Jamie Prado/TWC/Ofc of Atty Gen  
P.O. Box 12548  
Austin, TX 78711

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.7 Priority creditor's name and mailing address

\$ 1,713.00

\$ 1,713.00

Lunye Collins  
9403 Jowett Place  
Sugar Land, TX 77498

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$ 6,004.89

\$ 6,004.89

Onica Moon

6227 McKinstry

Houston, TX 77085

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.9 Priority creditor's name and mailing address

\$ 983.84

\$ 983.84

Rita Broussard

18303 Sabletree Drive

Houston, TX 77084

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.10 Priority creditor's name and mailing address

\$ 1,923.42

\$ 1,923.42

Sherry Tillis

13318 Raven Roose Drive

Cypress, TX 77429

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.11 Priority creditor's name and mailing address

\$ 435.00

\$ 435.00

Suhayeb Fayad

3500 Woodchase Drive, #1301

Houston, TX 77043

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.12 Priority creditor's name and mailing address

\$ 1,946.94

\$ 1,946.94

Taylor Jacobs

6515 Paso Del Sol

Houston, TX 77083

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.13 Priority creditor's name and mailing address

\$ 6,084.28

\$ 6,084.28

Texas Comptroller (Ofc. of the Attorney General)

P.O. Box 12548

Austin, TX 78711

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Taxes and Other Government  
Debts

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.14 Priority creditor's name and mailing address

\$ 52,767.22

\$ 52,767.22

Texas Workforce Commission (Ofc. of the AG)

P.O. Box 12548

Austin, TX 78711

Date or dates debt was incurred

Case No. 50-059302-4

Last 4 digits of account  
number 6 7 6 9Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 8 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Taxes and Other Government  
Debts - Notice of Delinquency/Freeze

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.15 Priority creditor's name and mailing address

\$ 240.00

\$ 240.00

Victor Fuentes

240 El Dorado Blvd., #608

Webster, TX 77598

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Wages/Salaries/Commissions

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <u>Ace Check Cashing</u> <u>1231 Greenway Drive, Suite 600</u> <u>Irving, TX 75038</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,251.69
3.2	<b>Nonpriority creditor's name and mailing address</b> <u>Advantage Office Products</u> <u>5722 Bingle Road, Suite B</u> <u>Houston, TX 77092</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,194.56
3.3	<b>Nonpriority creditor's name and mailing address</b> <u>Altus GTS, Inc./Natl. Dentex Corp.</u> <u>P.O. Box 1389</u> <u>Kenner, LA 70063</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>9 4 3 0</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,708.40
3.4	<b>Nonpriority creditor's name and mailing address</b> <u>American Business Machines, Inc.</u> <u>7303 W. Sam Houston Pkwy. N.</u> <u>Houston, TX 77040</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>J 6 4 2</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.91
3.5	<b>Nonpriority creditor's name and mailing address</b> <u>AMSIA Medical, Inc. dba AMI Dental (Susan Taylor)</u> <u>3 Riverway, Suite 1800</u> <u>Houston, TX 77056</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Dismissed</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$Unknown
3.6	<b>Nonpriority creditor's name and mailing address</b> <u>Barron &amp; Newburger, P.C.</u> <u>1212 Guadalupe, Suite 104</u> <u>Austin, TX 78701</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 1 M A</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,872.93

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	<b>Nonpriority creditor's name and mailing address</b> BBVA Compass Bank  P.O. Box 10566 Birmingham, AL 35296  Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>1</u> <u>4</u> <u>4</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,900.69
3.8	<b>Nonpriority creditor's name and mailing address</b> Benco Dental  P.O. Box 491 Pittston, PA 18640  Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>5</u> <u>0</u> <u>0</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,230.05
3.9	<b>Nonpriority creditor's name and mailing address</b> BioHorizons Implant Systems, Inc.  P.O. Box 121237, Dept. 1237 Dallas, TX 75312  Date or dates debt was incurred _____ Last 4 digits of account number <u>C</u> <u>0</u> <u>0</u> <u>1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,233.30
3.10	<b>Nonpriority creditor's name and mailing address</b> Broadview  901 E. 8th Ave., Suite 206 King of Prussia, PA 19406  Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>8</u> <u>8</u> <u>1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 29,683.38
3.11	<b>Nonpriority creditor's name and mailing address</b> C. L. Washington  P.O. Box 38784 Houston, TX 77238  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Licensed electrician</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,500.00



**Part 2: Additional Page**

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Amount of claim

3.12	<b>Nonpriority creditor's name and mailing address</b> Caladent Laboratory  530 1/2 W. Glenoaks Blvd. Glendale, CA 91202  Date or dates debt was incurred _____ Last 4 digits of account number <u>n D D s</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 21,621.72
3.13	<b>Nonpriority creditor's name and mailing address</b> Capital Growth Management Consultants, LLC/Robert Prokos  8550 Easton Commons, #7005 Houston, TX 77095  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.14	<b>Nonpriority creditor's name and mailing address</b> Classic Craft  8105 Cheatham Court McKinney, TX 75071  Date or dates debt was incurred _____ Last 4 digits of account number <u>M o o n</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,193.24
3.15	<b>Nonpriority creditor's name and mailing address</b> Code Intelligence Associates  12607 Miriam Houston, TX 77071  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 0 2</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,500.00
3.16	<b>Nonpriority creditor's name and mailing address</b> Cognetic  5704 Val Verde Street, Suite 4 Houston, TX 77057  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,223.79

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Amount of claim

3.17	<b>Nonpriority creditor's name and mailing address</b> <u>Crest Oral-B/P&amp;G Oral Health</u>  <u>24808 Network Place</u> <u>Chicago, IL 60673</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5 6 7 5</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>844.68</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <u>Cumulus Media, Inc. (James Hull)</u>  <u>6200 Savoy, Suite 440</u> <u>Houston, TX 77036</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>79,156.13</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Default Judgment</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	<b>Nonpriority creditor's name and mailing address</b> <u>Dani Dental Studio Incorporated (A. Holcomb)</u>  <u>1334 E. Chandler Blvd., Suite 5, PMB</u> <u>Phoenix, AZ 85048</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>42,468.08</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Foreign Default Judgment</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	<b>Nonpriority creditor's name and mailing address</b> <u>DDS Lab</u>  <u>P.O. Box 919436</u> <u>Orlando, FL 32891</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 6 1 8</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>5,179.98</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	<b>Nonpriority creditor's name and mailing address</b> <u>De Lage Landen Fin Svcs dba Prohealth Cap (M. Ridulfo)</u>  <u>919 Milam Street, Suite 2200</u> <u>Houston, TX 77002</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>114,205.83</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Nonsuit-re E4D Dentist HP Pkg#MED93036</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

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Amount of claim

3.22	<b>Nonpriority creditor's name and mailing address</b> <u>Deborah H. Sprott (E. Turner)</u>  <u>440 Louisiana, Suite 900</u> <u>Houston, TX 77002</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,261.86
3.23	<b>Nonpriority creditor's name and mailing address</b> <u>Dental Cosmetic Lab (Habibi)</u>  <u>3122 Shawnee Drive</u> <u>Sugar Land, TX 77479</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,250.00
3.24	<b>Nonpriority creditor's name and mailing address</b> <u>Dental Fix RX</u>  <u>10130 Adobe Drive</u> <u>Houston, TX 77095</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5 6 6 C</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,046.78
3.25	<b>Nonpriority creditor's name and mailing address</b> <u>DENTSPLY Implants</u>  <u>590 Lincoln Street</u> <u>Waltham, MA 02451</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 3 1 3</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 11,948.22
3.26	<b>Nonpriority creditor's name and mailing address</b> <u>Diego Rodrigo Torres dba Master Dental Arts</u>  <u>12715 Ashford Creek Drive</u> <u>Houston, TX 77082</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Dismissed</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

**Part 2: Additional Page**

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Amount of claim

3.27	<b>Nonpriority creditor's name and mailing address</b> <u>Discus Dental, LLC</u>  <u>8550 Higuera Street</u> <u>Culver City, CA 90232</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5 9 9 2</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,083.22
3.28	<b>Nonpriority creditor's name and mailing address</b> <u>Edward Williams (Mark Aschermann)</u>  <u>6300 West Loop S., Suite 341</u> <u>Bellaire, TX 77401</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Judgment</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 10,000.00
3.29	<b>Nonpriority creditor's name and mailing address</b> <u>Engelhardt Law, PLLC</u>  <u>4544 Post Oak Place Dr., Suite 270</u> <u>Houston, TX 77027</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Judgment - Release</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.30	<b>Nonpriority creditor's name and mailing address</b> <u>First National Bank of Omaha</u>  <u>1700 Jay Ell Drive, Suite 200</u> <u>Richardson, TX 75081</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>4 5 3 9</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 23,502.77
3.31	<b>Nonpriority creditor's name and mailing address</b> <u>G &amp; H Wire Company</u>  <u>2165 Earlywood Drive</u> <u>Franklin, IN 46131</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5 4 5 9</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 464.05

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Amount of claim

3.32	<b>Nonpriority creditor's name and mailing address</b> Gearold White & Lori Johnson  6518 Rice Rd. Pearland, TX 77581  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> Lawsuit - Active  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,500.00
3.33	<b>Nonpriority creditor's name and mailing address</b> Global Dental Solutions, LLC (J. Forman)  8215 Roswell Road, Bldg. 800 Atlanta, GA 30350  Date or dates debt was incurred _____ Last 4 digits of account number a l d j	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,418.67
3.34	<b>Nonpriority creditor's name and mailing address</b> H W Brueggen, DDS, Inc. (Frank Svetlik)  One Riverway, Suite 1700 Houston, TX 77056  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Lawsuit - Nonsuit No. 2014-69155  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.35	<b>Nonpriority creditor's name and mailing address</b> H. W. Brueggen, DDS, Inc. (Frank Svetlik)  One Riverway, Suite 1700 Houston, TX 77056  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Lawsuit - Nonsuit No. 2014-71672  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.36	<b>Nonpriority creditor's name and mailing address</b> HCTRA (Linebarger)  4828 Loop Central Drive, #500 Houston, TX 77081  Date or dates debt was incurred _____ Last 4 digits of account number 5 9 3 8	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,103.27

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Amount of claim

3.37	<b>Nonpriority creditor's name and mailing address</b> <u>Health First/HF Acquisition CO, LLC</u>  <u>Dept. CH 14330</u> <u>Palatine, IL 60055</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>9 5 2 9</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>653.72</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <u>Henry Schein (Jon Totz)</u>  <u>2211 Norfolk, Suite 510</u> <u>Houston, TX 77098</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Dismissed</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> <u>HIOssen</u>  <u>1957 Pioneer Road, Bldg. D</u> <u>Huntington Valley, PA 19006</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>7 0 0 3</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>59,833.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b> <u>Idriss-Mobarak, Inc. dba Mariner Dental Lab. (M. Weinberg)</u>  <u>819 Hogan Street</u> <u>Houston, TX 77009</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>24,880.07</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Judgment</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	<b>Nonpriority creditor's name and mailing address</b> <u>iHeartMedia, Inc. (Greenberg, Grant)</u>  <u>5858 Westheimer Road, Suite 500</u> <u>Houston, TX 77057</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>7 9 5 7</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>80,393.95</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

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Amount of claim

3.42	<b>Nonpriority creditor's name and mailing address</b> <u>ISCO II - Isaac Smith</u>  <u>Long Beach, CA 90805</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.43	<b>Nonpriority creditor's name and mailing address</b> <u>Larisa Pratcher</u>  <u>1727 Thornhollow Drive</u> <u>Houston, TX 77014</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.44	<b>Nonpriority creditor's name and mailing address</b> <u>Lending Club</u>  <u>1700 West Park Drive, Suite 310</u> <u>Westborough, MA 01581</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>s t o n</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,461.31
3.45	<b>Nonpriority creditor's name and mailing address</b> <u>Logix</u>  <u>P.O. Box 3608</u> <u>Houston, TX 77253</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>8 3 6 8</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,960.11
3.46	<b>Nonpriority creditor's name and mailing address</b> <u>Magic 102.1</u>  <u>P.O. Box 847339</u> <u>Dallas, TX 75284</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>s t o n</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,095.00

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Amount of claim

3.47	<b>Nonpriority creditor's name and mailing address</b> Master Dental Arts  12715 Ashford Creek Drive Houston, TX 77082  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 39,500.00
3.48	<b>Nonpriority creditor's name and mailing address</b> MedPro Disposal Waste  1548 Bond Street, #106 Naperville, IL 60563  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,850.60
3.49	<b>Nonpriority creditor's name and mailing address</b> Midwest Dental  P.O. Box 4802 Wichita Falls, TX 76308  Date or dates debt was incurred _____ Last 4 digits of account number <u>3 7 9 1</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 17,681.72
3.50	<b>Nonpriority creditor's name and mailing address</b> Neoma M. Harris (S. A. Randle, Jr.)  5177 Richmond Ave., Suite 635 Houston, TX 77056  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Judgment</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 30,500.00
3.51	<b>Nonpriority creditor's name and mailing address</b> New Pars Dental Lab  6732 Highway 6 South Houston, TX 77083  Date or dates debt was incurred _____ Last 4 digits of account number <u>4 5 6</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,945.00



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.52	<b>Nonpriority creditor's name and mailing address</b> <u>Nexadental</u>  <u>8831 South 117th Street</u> <u>LaVista, NE 68128</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>6</u> <u>8</u> <u>4</u> <u>3</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,402.00
3.53	<b>Nonpriority creditor's name and mailing address</b> <u>Patterson Dental Supply, Inc. (Jon Totz)</u>  <u>2211 Norfolk, Suite 510</u> <u>Houston, TX 77098</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Foreign Judgment</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 36,450.94
3.54	<b>Nonpriority creditor's name and mailing address</b> <u>Paychex Business Solutions</u>  <u>970 Lake Carillon Drive, Suite 400</u> <u>St. Petersburg, FL 33715</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5</u> <u>7</u> <u>8</u> <u>9</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,667.38
3.55	<b>Nonpriority creditor's name and mailing address</b> <u>Quill Healthcare</u>  <u>P.O. Box 37600</u> <u>Philadelphia, PA 19101</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0</u> <u>7</u> <u>Q</u> <u>C</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,390.33
3.56	<b>Nonpriority creditor's name and mailing address</b> <u>Quill Healthcare</u>  <u>P.O. Box 37600</u> <u>Philadelphia, PA 19101</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5</u> <u>4</u> <u>7</u> <u>9</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,084.51

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.57	<b>Nonpriority creditor's name and mailing address</b> Radiological Systems, Inc.  P.O. Box 871 Richmond, TX 77406  Date or dates debt was incurred _____ Last 4 digits of account number <u>2 3 8 6</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,065.00
3.58	<b>Nonpriority creditor's name and mailing address</b> Rahim Habibi  3515 Cabin Place Sugar Land, TX 77479  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,363.00
3.59	<b>Nonpriority creditor's name and mailing address</b> Safco Dental Supply  1111 Corporate Grove Drive Buffalo Grove, IL 60089  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,010.20
3.60	<b>Nonpriority creditor's name and mailing address</b> Safeco Insurance/Rollow Insurance Group, Inc.  3091 University Drive E., Suite 310 Bryan, TX 77802  Date or dates debt was incurred _____ Last 4 digits of account number <u>4 2 3 8</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,064.15
3.61	<b>Nonpriority creditor's name and mailing address</b> Shirley Taylor (Michael Miner)  3650 Lovell Avenue Fort Worth, TX 76107  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 11,109.19

**Part 2: Additional Page**

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Amount of claim

3.62	<b>Nonpriority creditor's name and mailing address</b> <u>Smith &amp; Dean, Inc.</u>  <u>11511 Katy Freeway, Suite 430</u> <u>Houston, TX 77079</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0 7 4 1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,716.10
3.63	<b>Nonpriority creditor's name and mailing address</b> <u>SolutionReach</u>  <u>2912 Executive Parkway, Suite #300</u> <u>Lehi, UT 84043</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>3 5 8 4</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,020.05
3.64	<b>Nonpriority creditor's name and mailing address</b> <u>SteriCycle</u>  <u>4010 Commercial Avenue</u> <u>Northbrook, IL 60062</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1 8 6 3</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,529.36
3.65	<b>Nonpriority creditor's name and mailing address</b> <u>Supply World</u>  <u>11870 Santa Monica Blvd., #106-459</u> <u>Los Angeles, CA 90025</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>s t o n</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,108.49
3.66	<b>Nonpriority creditor's name and mailing address</b> <u>The Bryona Advisory Group/Toni Cormier</u>  <u>11805 Chimney Rock Road</u> <u>Houston, TX 77231</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0 6 5 2</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 71,500.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.67	<b>Nonpriority creditor's name and mailing address</b> <u>The Go Daddy Group, Inc.</u>  <u>14455 N. Hayden Road, Suite 226</u> <u>Scottsdale, AZ 85260</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>. c o m</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,026.01
3.68	<b>Nonpriority creditor's name and mailing address</b> <u>Tischler Dental Laboratory</u>  <u>43 Basin Road, Suite 11</u> <u>West Hurley, NY 12491</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>M o o n</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,241.71
3.69	<b>Nonpriority creditor's name and mailing address</b> <u>Unetek</u>  <u>1514 Avenue D</u> <u>Katy, TX 77493</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.70	<b>Nonpriority creditor's name and mailing address</b> <u>Willis J. Pumphrey, Jr. (Robert Burford)</u>  <u>700 Louisiana, Suite 4545</u> <u>Houston, TX 77002</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit - Nonsuit</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.71	<b>Nonpriority creditor's name and mailing address</b> <u>Wilson Radio Graft</u>  <u>8313 Southwest Freeway, #230</u> <u>Houston, TX 77074</u>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 165.00

**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	IRS Insolvency II (7,11) 1919 Smith Street, Stop 5025HOU Houston, TX 77002	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.2.	IRS-U.S. Attorney 1000 Louisiana Street, Suite 2300 Houston, TX 77002	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.3.	IRS-U.S. Attorney General 10th & Constitution, N.W. Washington, DC 20530	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.4.	Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714	Line <u>2.13</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.5.	Texas Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774	Line <u>2.13</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.6.	Texas Workforce Commission 12455 Beechnut Houston, TX 77072	Line <u>2.14</u> <input type="checkbox"/> Not listed. Explain _____	<u>6</u> <u>7</u> <u>6</u> <u>9</u>
4.7.	Texas Workforce Commission 101 E. 15th Street, Rm. 556 Austin, TX 78778	Line <u>2.14</u> <input type="checkbox"/> Not listed. Explain _____	<u>6</u> <u>7</u> <u>6</u> <u>9</u>
4.8.	Texas Workforce Commission P.O. Box 149037 Austin, TX 78714	Line <u>2.14</u> <input type="checkbox"/> Not listed. Explain _____	<u>6</u> <u>7</u> <u>6</u> <u>9</u>
4.9.	BBVA Compass Bank P.O. Box 2210 Decatur, AL 35699	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	<u>1</u> <u>1</u> <u>4</u> <u>4</u>
4.10.	BBVA Compass Bank/LTD Financial Services 7322 Southwest Freeway, Suite 1600 Houston, TX 77074	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	<u>1</u> <u>1</u> <u>4</u> <u>4</u>
4.11.	Cognetic 1800 Augusta Drive Houston, TX 77057	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	— — — —
4.12.	Dani Dental Studio Incorporated (S. Stodghill) 1717 St. James Place, Suite 170 Houston, TX 77056	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	— — — —

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.13 DENTSPLY Implants/Transworld Systems, Inc. 507 Prudential Road Horsham, PA 19044	Line 3.25 <input type="checkbox"/> Not listed. Explain _____	1 3 1 3
4.14 Discus Dental, LLC/CRF Solutions 2051 Royal Avenue Simi Valley, CA 93065	Line 3.27 <input type="checkbox"/> Not listed. Explain _____	5 9 9 2
4.15 Gearold White & Lori Johnson (JP Ct, Pct 1, Plc 2) 1302 Preston Houston, TX 77002	Line 3.32 <input type="checkbox"/> Not listed. Explain _____	— — — —
4.16 Global Dental Solutions, LLC 8215 Roswell Road, Bldg. 500 Atlanta, GA 30350	Line 3.33 <input type="checkbox"/> Not listed. Explain _____	a l d j
4.17 Harris County Toll Road Authority Violation - Dept 1, P.O. Box 4440 Houston, Texas 77210-4440	Line 3.36 <input type="checkbox"/> Not listed. Explain _____	5 9 3 8
4.18 HCTRA (John P. Dillman) P.O. Box 3064 Houston, TX 77253	Line 3.36 <input type="checkbox"/> Not listed. Explain _____	5 9 3 8
4.19 Idriss-Mobarak, Inc. dba Mariner Dental Lab. 16219 1/2 North Freeway Houston, TX 77090	Line 3.40 <input type="checkbox"/> Not listed. Explain _____	— — — —
4.20 iHeartMedia, Inc. 200 East Basse Road San Antonio, TX 78209	Line 3.41 <input type="checkbox"/> Not listed. Explain _____	7 9 5 7
4.21 Neoma M. Harris 7417 Hoffman Street Houston, TX 77028	Line 3.50 <input type="checkbox"/> Not listed. Explain _____	— — — —
4.22 Nexadental (Williams, et al) 5255 North Federal Hwy., Thrid Floor Boca Raton, FL 33487	Line 3.52 <input type="checkbox"/> Not listed. Explain _____	6 8 4 3
4.23 Patterson Dental Supply, Inc. 1031 Mendota Heights St. Paul, MN 55120	Line 3.53 <input type="checkbox"/> Not listed. Explain _____	— — — —
4.24 Patterson Dental Supply, Inc. (Michael Stein) 1113 Vine Street, Suite 217 Houston, TX 77002	Line 3.53 <input type="checkbox"/> Not listed. Explain _____	— — — —
4.25 Quill Healthcare/RMS P.O. Box 509 Richfield, OH 44286	Line 3.55 <input type="checkbox"/> Not listed. Explain _____	0 7 Q C
4.26 Safco Dental Supply/C2C Resources, LLC 56 Perimeter Center East, Suite 100 Atlanta, GA 30346	Line 3.59 <input type="checkbox"/> Not listed. Explain _____	— — — —

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.27 Shirley Taylor 8743 Ashlawn Drive Houston, TX 77083	Line 3.61 <input type="checkbox"/> Not listed. Explain _____	____
4.28 SolutionReach/ADK 1201 Sussex Turnpike Randolph, NJ 07869	Line 3.63 <input type="checkbox"/> Not listed. Explain _____	3 5 8 4
4.29 SteriCycle/A.R.M. Solutions, Inc. P.O. Box 2929 Camarillo, CA 93011	Line 3.64 <input type="checkbox"/> Not listed. Explain _____	1 8 6 3
4.30 The Bryona Advisory Group/Toni Cormier P.O. Box 310652 Houston, TX 77231	Line 3.66 <input type="checkbox"/> Not listed. Explain _____	0 6 5 2
4.31 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.32 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.33 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.34 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.35 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.36 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.37 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.38 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.39 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.40 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____

**Part 4:****Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 227,715.83

5b. **Total claims from Part 2**

5b.

+

\$ 891,272.10

5c. **Total of Parts 1 and 2**

5c.

\$ 1,118,987.93

Lines 5a + 5b = 5c.



**Fill in this information to identify the case:**Debtor name Dental Plus Management, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number (If known): 16-33482-H4-11 Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Business space lease</u>	<u>Hartman Income REIT, Inc.</u>		
			<u>2909 Hillcroft Ave., Suite 420</u>		
	State the term remaining		<u>Houston</u>	<u>TX</u>	<u>77057</u>
	List the contract number of any government contract				
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease of SAVIN copier machine -</u> <u>REJECTING LEASE</u>	<u>Time Payment Corp</u>		
			<u>16 N.E. Executive Park, #200</u>		
	State the term remaining		<u>Burlington</u>	<u>TX</u>	<u>01803</u>
	List the contract number of any government contract				
2.3	State what the contract or lease is for and the nature of the debtor's interest				
	State the term remaining				
	List the contract number of any government contract				
2.4	State what the contract or lease is for and the nature of the debtor's interest				
	State the term remaining				
	List the contract number of any government contract				
2.5	State what the contract or lease is for and the nature of the debtor's interest				
	State the term remaining				
	List the contract number of any government contract				

**Fill in this information to identify the case:**Debtor name Dental Plus Management, LLCUnited States Bankruptcy Court for the: Southern District of TexasCase number (if known): 16-33482-H4-11☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor				Column 2: Creditor	
Name	Mailing address			Name	Check all schedules that apply:
2.1 <u>Ronald J. Moon, DDS</u>	<u>3100 Timmons Lane, Suite 260</u> Street  <u>Houston</u> TX <u>77027</u> City State ZIP Code			<u>Yellowstone Capital,</u> <u>LLC (Vadem Serebro)</u>  <u>See Attachment 1</u>	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Robert J. Moon, DDS</u>	<u>3100 Timmons Lane, Suite 260</u> Street  <u>Houston</u> TX <u>77027</u> City State ZIP Code			<u>Hartman Income</u> <u>REIT, Inc.</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.3 <u>Ronald J. Moon, DDS</u>	<u>3100 Timmons Lane, Suite 260</u> Street  <u>Houston</u> TX <u>77027</u> City State ZIP Code			<u>Time Payment Corp</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.4	_____ Street _____ _____ City State ZIP Code			_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street _____ _____ City State ZIP Code			_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ _____ City State ZIP Code			_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Attachment 1/2

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Attachment 1

Americorp Financial, LLC, Schedule D  
Stearns Bank, N.A., Schedule D  
Hartman Income REIT, Inc., Schedule D  
Time Payment Corp, Schedule D  
Cynthia K. Rowland fka Cynthia Salczenko, Schedule E/F  
Ace Check Cashing, Schedule E/F  
Advantage Office Products, Schedule E/F  
Altus GTS, Inc./Natl. Dentex Corp., Schedule E/F  
American Business Machines, Inc., Schedule E/F  
AMSIA Medical, Inc. dba AMI Dental (Susan Taylor), Schedule E/F  
Barron & Newburger, P.C., Schedule E/F  
BBVA Compass Bank, Schedule E/F  
Benco Dental, Schedule E/F  
BioHorizons Implant Systems, Inc., Schedule E/F  
Broadview, Schedule E/F  
Caladent Laboratory, Schedule E/F  
Capital Growth Management Consultants, LLC/Robert Prokos, Schedule E/F  
Classic Craft, Schedule E/F  
C. L. Washington, Schedule E/F  
Code Intelligence Associates, Schedule E/F  
Cognetic, Schedule E/F  
Crest Oral-B/P&G Oral Health, Schedule E/F  
Cumulus Media, Inc. (James Hull), Schedule E/F  
Dani Dental Studio Incorporated (A. Holcomb), Schedule E/F  
DDS Lab, Schedule E/F  
Deborah H. Sprott (E. Turner), Schedule E/F  
De Lage Landen Fin Svcs dba Prohealth Cap (M. Ridulfo), Schedule E/F  
Dental Cosmetic Lab (Habibi), Schedule E/F  
Dental Fix RX, Schedule E/F  
DENTSPLY Implants, Schedule E/F  
Diego Rodrigo Torres dba Master Dental Arts, Schedule E/F  
Discus Dental, LLC, Schedule E/F  
Edward Williams (Mark Aschermann), Schedule E/F  
Engelhardt Law, PLLC, Schedule E/F  
First National Bank of Omaha, Schedule E/F  
G & H Wire Company, Schedule E/F  
Gearold White & Lori Johnson, Schedule E/F  
Global Dental Solutions, LLC (J. Forman), Schedule E/F  
HCTRA (Linebarger), Schedule E/F  
Health First/HF Acquisition CO, LLC, Schedule E/F  
Henry Schein (Jon Totz), Schedule E/F  
HIOssen, Schedule E/F

Attachment 2/2

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

H. W. Brueggen, DDS, Inc. (Frank Svetlik), Schedule E/F  
H W Brueggen, DDS, Inc. (Frank Svetlik), Schedule E/F  
Idriss-Mobarak, Inc. dba Mariner Dental Lab. (M. Weinberg), Schedule E/F  
iHeartMedia, Inc. (Greenberg, Grant), Schedule E/F  
ISCO II - Isaac Smith, Schedule E/F  
Larisa Pratcher, Schedule E/F  
Lending Club, Schedule E/F  
Logix, Schedule E/F  
Magic 102.1, Schedule E/F  
Master Dental Arts, Schedule E/F  
MedPro Disposal Waste, Schedule E/F  
Midwest Dental, Schedule E/F  
Neoma M. Harris (S. A. Randle, Jr.), Schedule E/F  
New Pars Dental Lab, Schedule E/F  
Nexadental, Schedule E/F  
Patterson Dental Supply, Inc. (Jon Totz), Schedule E/F  
Paychex Business Solutions, Schedule E/F  
Quill Healthcare, Schedule E/F  
Quill Healthcare, Schedule E/F  
Radiological Systems, Inc., Schedule E/F  
Rahim Habibi, Schedule E/F  
Safco Dental Supply, Schedule E/F  
Safeco Insurance/Rollow Insurance Group, Inc., Schedule E/F  
Shirley Taylor (Michael Miner), Schedule E/F  
Smith & Dean, Inc., Schedule E/F  
SolutionReach, Schedule E/F  
SteriCycle, Schedule E/F  
Supply World, Schedule E/F  
The Bryona Advisory Group/Toni Cormier, Schedule E/F  
The Go Daddy Group, Inc., Schedule E/F  
Tischler Dental Laboratory, Schedule E/F  
Unetek, Schedule E/F  
Willis J. Pumphrey, Jr. (Robert Burford), Schedule E/F  
Wilson Radio Graft, Schedule E/F

**Fill in this information to identify the case and this filing:**

Debtor Name Dental Plus Management, LLC

United States Bankruptcy Court for the: Southern District Of Texas

Case number (If known): 16-33482-H4-11

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/20/2016  
MM / DD / YYYY

 s/Ronald J. Moon  
Signature of individual signing on behalf of debtor

Ronald J. Moon  
Printed name

Managing Member  
Position or relationship to debtor

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS**

In Re:  
Dental Plus Management, LLC,  
Debtor

Case No. 16-33482-H4-11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007, Fed. R. Bank. P. for filing in this Chapter 11 case.

Security Holder's Registered Name and Last Known Address or Place of Business	Class of Security	Number of Securities or Percentage	Kind of Interest
Ronald J. Moon, DDS 3100 Timmons Lane, Suite 260 Houston, TX 77027	Common	100%	Member

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION  
OR PARTNERSHIP**

I, Ronald J. Moon, DDS, Sole Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing **List of Equity Security Holders** and that it is true and correct to the best of my information and belief.

Date: July 20, 2016

Signature: s/Ronald J. Moon  
Printed Name: Ronald J. Moon, DDS  
Title: Sole Member

**Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.**

**Fill in this information to identify the case:**

Debtor name Dental Plus Management, LLC

United States Bankruptcy Court for the: Southern District of Texas

Case number (if known): 16-33482-H4-11

☐ Check if this is an amended filing

**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From 01/01/2016 to Filing date  
MM / DD / YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$ 211,715.28

**For prior year:**

From 01/01/2015 to 12/31/2015  
MM / DD / YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$ 1,774,483.01

**For the year before that:**

From 01/01/2014 to 12/31/2014  
MM / DD / YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$ Unknown

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For prior year:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For the year before that:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name Street City State ZIP Code  Relationship to debtor		\$	
4.2. Insider's name Street City State ZIP Code  Relationship to debtor		\$	



Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$
5.1. Creditor's name Street City State ZIP Code			\$

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <u>Henry Schein v Ronald Moon, et al</u> Case number <u>CV12C0147851</u>	<u>Lawsuit-Dismissed by Plaintiff</u>	<u>Justice Court, Precinct 1, Position 2</u> Name <u>Harris County, Texas</u> Street <u>Plaintiff attys Totz Ellison &amp; Totz</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. <u>D. Sprott v. R. J. Moon DDS PC...</u> Case number <u>CV12C0140530</u>	<u>Lawsuit - Active</u>	<u>Justice Court</u> Name <u>Precinct 1, Place 2</u> Street <u>Harris County, Texas</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

See Attachment 1

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
Street		
City State ZIP Code		
	Case title	Court name and address
		Name
	Case number	Street
	Date of order or assignment	City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Margaret M. McClure	4/15/16: \$5,000 by Timothy & Dorothy Moon &		\$ 20,000.00
	<b>Address</b> Attorney at Law Street 909 Fannin, Suite 3810 Houston TX 77010 City State ZIP Code	\$5,000 by Terri Allen		
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			
	3/23/16: \$5,000 & \$5,000 by Ronald Moon			
11.2.				\$
	<b>Address</b>			
	Street			
	City State ZIP Code			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
<b>Trustee</b>			

Debtor Dental Plus Management, LLC Case number (if known) 16-33482-H4-11  
 Name

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	<u>Joseph Farn's - Practice Partnership</u>	<u>Funds</u>	<u>6/14-7/15</u>	<u>\$56,971.20</u>
	<b>Address</b> _____ Street _____ _____ City State ZIP Code			
	<b>Relationship to debtor</b> <u>Administrator/Consultant</u>			
	<b>Who received transfer?</b>	_____	_____	\$ _____
13.2.	_____	_____		
	<b>Address</b> _____ Street _____ _____ City State ZIP Code			
	<b>Relationship to debtor</b> _____			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy	
		From	To
14.1.	<u>4126 S.W. Freeway, Suite 1610</u>		
	Street		
	<u>(12/2010 - 03/2015)</u>		
	<u>Houston TX 77027</u>		
	City State ZIP Code		
14.2.	_____	From	To
	Street		
	_____		
	City State ZIP Code		

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**Part 8: Healthcare Bankruptcies****15. Healthcare bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.1.

Facility name

Street

City

State

ZIP Code

**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider.**How are records kept?**

Check all that apply:

- ☐ Electronically
- ☐ Paper

**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.2.

Facility name

Street

City

State

ZIP Code

**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider.**How are records kept?**

Check all that apply:

- ☐ Electronically
- ☐ Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_
- Does the debtor have a privacy policy about that information?
- ☐ No
- ☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?
- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

**Name of plan****Employer identification number of the plan**

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor Dental Plus Management, LLC Case number (if known) 16-33482-H4-11  
 Name

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<u>Green Bank</u> Name <u>(Closed with zero balance)</u> Street  <u>Houston TX</u> City State ZIP Code	XXXX- <u>5</u> <u>6</u> <u>2</u> <u>0</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>7/6/2016</u>	\$ <u>0.00</u>
18.2.	Name Street  City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street  City State ZIP Code	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____ _____			

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street  City State ZIP Code	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____ _____			

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.
☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**
☐ No

☒ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Dental Plus Management, LLC	Texas Dept. of State Health Services	Texas Radiation Act, Chapter 401	11/2015
Name	Name		
3100 Timmons Lane, Suite 260	P.O. Box 149347	Texas Health & Safety Code Act,	
Street	Street	25TAC 289.101	
Houston TX 77027	Austin TX 78714		
City State ZIP Code	City State ZIP Code		

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Dental Plus Management, LLC Name 3100 Timmons Lane, Suite 260 Street  Houston TX 77027 City State ZIP Code	Dental - fka Ronald J. Moon, DDS PC - See below	EIN: <u>4</u> <u>7</u> - <u>5</u> <u>1</u> <u>0</u> <u>0</u> <u>8</u> <u>9</u> <u>1</u>  Dates business existed  From <u>12/4/12</u> To _____
25.2.	fka Ronald J. Moon, DDS PC Name 3100 Timmons Lane, Suite 260 Street  Houston TX 77027 City State ZIP Code	Dental - dba Dental Cosmetic Center of Texas & dba Dental Cosmetic Center of Houston; & aka Moon Cosmetic Dentistry	EIN: <u>8</u> <u>6</u> - <u>0</u> <u>9</u> <u>6</u> <u>9</u> <u>1</u> <u>4</u> <u>1</u>  Dates business existed  From <u>12/4/12</u> To _____
25.3.	 Name  Street   City State ZIP Code	     	EIN: _____ - _____  Dates business existed  From _____ To _____



Debtor Dental Plus Management, LLC Case number (if known) 16-33482-H4-11  
 Name

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

**Name and address****Dates of service**

26a.1. John F. Coggin, C.P.A., PLLC

Name

1200 Smith, Suite 1600

Street

(4/2016 - Present)

Houston

City

TX

State

77002

ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

**Name and address****Dates of service**

26a.2.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

**Name and address****Dates of service**

26b.1.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

**Name and address****Dates of service**

26b.2.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are unavailable, explain why**

26c.1. Ronal J. Moon, DDS

Name

3100 Timmons Lane, Suite 260

Street

Houston

City

TX

State

77027

ZIP Code

Debtor Dental Plus Management, LLC Case number (if known) 16-33482-H4-11  
 Name

**Name and address**

If any books of account and records are unavailable, explain why

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

26d.2.

Name

Street

City

State

ZIP Code

**Name and address**

26d.2.

Name

Street

City

State

ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor Dental Plus Management, LLC  
NameCase number (if known) 16-33482-H4-11

Name of the person who supervised the taking of the inventory

Date of  
inventoryThe dollar amount and basis (cost, market, or  
other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Ronald J. Moon, DDS	3100 Timmons, #260, Houston, TX 77027	- Managing Member -	100
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Ronald J. Moon, DDS</u> Name <u>3100 Timmons Lane, Suite 260</u> Street  <u>Houston</u> <u>TX</u> <u>77027</u> City State ZIP Code	<u>\$120,000.00</u>	<u>Previous 12</u> <u>months</u>	
Relationship to debtor <u>Managing Member</u>			

Debtor Dental Plus Management, LLC Case number (if known) 16-33482-H4-11  
 Name

**Name and address of recipient**

Name

Street

City

State

ZIP Code

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_ \_ - \_ \_ \_ \_ \_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_ \_ - \_ \_ \_ \_ \_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/20/2016  
 MM / DD / YYYY

**X**s/Ronald J. MoonPrinted name Ronald J. Moon

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No☒ Yes

Attachment 1/3

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Attachment 1

Case Title: G. White & L. Johnson v. Dental Cosmetics Center of Houston  
Case Number: CV12C0144755  
Nature of Case: Lawsuit  
Court or Agency's Name - Justice Court, Pct. 1, Plc. 2, Harris County, TX  
Status of Case: Pending

Case Title: Edward Williams v. Ronald J. Moon, et al  
Case Number: CV71C0071589  
Nature of Case: Lawsuit - Judgment  
Court or Agency's Name - Justice Court, Pct. 7, Plc. 1, Harris County, TX  
Status of Case: Concluded

Case Title: Cumulus Media, Inc. v. Ronald J. Moon DDS PC  
Case Number: 1057296  
Nature of Case: Lawsuit - Default Judgment  
Court or Agency's Name - County Civil Court at Law No. 1, Harris County, TX  
Status of Case: Concluded

Case Title: Dani Dental Studio Incorporated v. Ronald & Pamela Moon  
Case Number: CV2008-030437 in AZ & 940180/897545 in TX  
Nature of Case: Lawsuit - Foreign Default Judgment  
Court or Agency's Name - Superior Court of Arizona, Maricopa County/County Civil Court at Law No. 3, Harris County, TX  
Status of Case: Concluded

Case Title: Patterson Dental Supply, Inc. v. Ronald Moon, DDS  
Case Number: 956,939  
Nature of Case: Lawsuit - Judgment  
Court or Agency's Name - County Court at Law No. 1, Harris County, TX  
Status of Case: Concluded

Case Title: AMSIA Medical, Inc. dba AMI Dental v. Ronald J. Moon  
Case Number: 1044785  
Nature of Case: Lawsuit - Dismissed  
Court or Agency's Name - County Court at Law No. 3, Harris County, TX  
Status of Case: Concluded

Case Title: Engelhardt Law, PLLC v. Ronald Moon, et al  
Case Number: 1059289  
Nature of Case: Lawsuit - Judgment  
Court or Agency's Name - County Civil Court at Law No. 2  
Status of Case: Concluded

Attachment 2/3

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Case Title: Neoma M. Harris v. Ronald J. Moon, D.D.S.

Case Number: 2015-38169

Nature of Case: Lawsuit - Judgment

Court or Agency's Name - 151st Judicial District Court, Harris County, TX

Status of Case: Pending

Case Title: Idriss-Mobarak, Inc. dba Mariner Dental Lab. v. Ronald J. Moon, DDS

Case Number: 2015-01851

Nature of Case: Lawsuit - Judgment

Court or Agency's Name - 113th Judicial District, Harris County, TX

Status of Case: Concluded

Case Title: H. W. Brueggen, DDS, Inc. v. Ronald J. Moon, Joe Farris

Case Number: 2014-71672

Nature of Case: Lawsuit - Nonsuit

Court or Agency's Name - 234th Judicial District, Harris County, TX

Status of Case: Concluded

Case Title: H W Brueggen, DDS, Inc. v. Ronald J. Moon, Robert Johnson

Case Number: 2014-69155

Nature of Case: Lawsuit - Nonsuit

Court or Agency's Name - 234th Judicial District Court, Harris County, TX

Status of Case: Concluded

Case Title: Diego Rodrigo Torres dba Master Dental Arts v. Ronald J. Moon, et al

Case Number: 2014-35864

Nature of Case: Lawsuit - Dismissed

Court or Agency's Name - 129th Judicial District Court, Harris County, TX

Status of Case: Concluded

Case Title: Willis J. Pumphrey, Jr. v. Ronald J. Moon, ClearCorrect, Inc.

Case Number: 2014-20296

Nature of Case: Lawsuit - Nonsuit

Court or Agency's Name - 334th Judicial District Court, Harris County, TX

Status of Case: Concluded

Case Title: De Lage Landen Fin Svcs dba Prohealth Cap v. W. Pumphrey, et al

Case Number: 2014-14905

Nature of Case: Lawsuit - Nonsuit

Court or Agency's Name 269th Judicial District Court, Harris County, TX

Status of Case: Concluded

Case Title: Yellowstone Capital, LLC v. Ronald J. Moon, DDS

Case Number: 68837/2015

Attachment 3/3

Debtor: Dental Plus Management, LLC Case No: 16-33482-H4-11

Nature of Case: Lawsuit

Court or Agency's Name - Supreme Court of the State of New York

Status of Case: Pending

Case Title: Texas Workforce Commission v. Ronald J. Moon, DDS PC

Case Number: 50-059302-4

Nature of Case: Delinquency/Freeze

Court or Agency's Name Texas Workforce Commission, Austin, Texas

Status of Case: Pending

Case Title: Larisa Pratcher v. Ronald J. Moon, DDS

Case Number: Unknown

Nature of Case: Lawsuit

Court or Agency's Name Unknown

Status of Case: Pending

Case Title: Shirley Taylor v. Ronald J. Moon, DDS, et al

Case Number: 2261622

Nature of Case: Lawsuit

Court or Agency's Name Unknown

Status of Case: Pending

Case Title: Global Dental Solutions, LLC v. Ronal J. Moon, DDS, et al

Case Number: 14MS012992

Nature of Case: Lawsuit - Default Judgment

Court or Agency's Name Magistrate Court of Fulton County, State of Georgia

Status of Case: Concluded

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**SOUTHERN DISTRICT OF TEXAS**  
**HOUSTON DIVISION**

**In re****Dental Plus Management, LLC**Case No. **16-33482-H4-11****Debtor**Chapter **11****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **20,000.00**Prior to the filing of this statement I have received ..... \$ **20,000.00**Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was:

☐ Debtor☒ Other (specify) **3/23/16: \$5,000 & \$5,000 by Ronald Moon; and below**

3. The source of compensation to be paid to me is:

☐ Debtor☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

**4/15/16: \$5,000 paid by Timothy & Dorothy Moon & \$5,000 paid by Terri Allen**

- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 20, 2016**  
*Date*

**s/Margaret M. McClure**  
*Signature of Attorney*

**Law Office of Margaret M. McClure**  
*Name of law firm*

Dental Plus Management, LLC  
3100 Timmons Lane, Suite 260  
Houston, TX 77027

Ace Check Cashing  
1231 Greenway Drive, Suite 600  
Irving, TX 75038

Advantage Office Products  
5722 Bingle Road, Suite B  
Houston, TX 77092

Altus GTS, Inc./Natl. Dentex Corp.  
P.O. Box 1389  
Kenner, LA 70063

American Business Machines, Inc.  
7303 W. Sam Houston Pkwy. N.  
Houston, TX 77040

Americorp Financial, LLC  
877 S. Adams Road  
Birmingham, MI 48009

Americorp Financial, LLC/CSC  
2727 Allen Parkway, Suite 100  
Houston, TX 77019

AMSIA Medical, Inc. dba AMI Dental (Susan Taylor)  
3 Riverway, Suite 1800  
Houston, TX 77056

Ariana Briones  
506 Hollyvale Road  
Houston, TX 768

Ashley Jacob  
2630 Tanglewilde St., Apt. 386  
Houston, TX 77063

Barron & Newburger, P.C.  
1212 Guadalupe, Suite 104  
Austin, TX 78701

BBVA Compass Bank  
P.O. Box 10566  
Birmingham, AL 35296

BBVA Compass Bank  
P.O. Box 2210  
Decatur, AL 35699

BBVA Compass Bank/LTD Financial Services  
7322 Southwest Freeway, Suite 1600  
Houston, TX 77074

Benco Dental  
P.O. Box 491  
Pittston, PA 18640

BioHorizons Implant Systems, Inc.  
P.O. Box 121237, Dept. 1237  
Dallas, TX 75312

Broadview  
901 E. 8th Ave., Suite 206  
King of Prussia, PA 19406

C. L. Washington  
P.O. Box 38784  
Houston, TX 77238

Caladent Laboratory  
530 1/2 W. Glenoaks Blvd.  
Glendale, CA 91202

Capital Growth Management Consultants, LLC/Robert  
8550 Easton Commons, #7005  
Houston, TX 77095

Chasity Gillum  
3360 Alice Street, #115  
Houston, TX 77021

Classic Craft  
8105 Cheatham Court  
McKinney, TX 75071

Code Intelligence Associates  
12607 Miriam  
Houston, TX 77071

Cognetic  
5704 Val Verde Street, Suite 4  
Houston, TX 77057

Cognetic  
1800 Augusta Drive  
Houston, TX 77057

Crest Oral-B/P&G Oral Health  
24808 Network Place  
Chicago, IL 60673

Cumulus Media, Inc. (James Hull)  
6200 Savoy, Suite 440  
Houston, TX 77036

Cynthia K. Rowland fka Cynthia Salczenko  
10730 Plainfield Street  
Houston, TX 77031

Dani Dental Studio Incorporated (A. Holcomb)  
1334 E. Chandler Blvd., Suite 5, PMB  
Phoenix, AZ 85048

Dani Dental Studio Incorporated (S. Stodghill)  
1717 St. James Place, Suite 170  
Houston, TX 77056

DDS Lab  
P.O. Box 919436  
Orlando, FL 32891

De Lage Landen Fin Svcs dba Prohealth Cap (M. Rio)  
919 Milam Street, Suite 2200  
Houston, TX 77002

Deborah H. Sprott (E. Turner)  
440 Louisiana, Suite 900  
Houston, TX 77002

Dental Cosmetic Lab (Habibi)  
3122 Shawnee Drive  
Sugar Land, TX 77479

Dental Fix RX  
10130 Adobe Drive  
Houston, TX 77095

DENTSPLY Implants  
590 Lincoln Street  
Waltham, MA 02451

DENTSPLY Implants/Transworld Systems, Inc.  
507 Prudential Road  
Horsham, PA 19044

Diego Rodrigo Torres dba Master Dental Arts  
12715 Ashford Creek Drive  
Houston, TX 77082

Discus Dental, LLC  
8550 Higuera Street  
Culver City, CA 90232

Discus Dental, LLC/CRF Solutions  
2051 Royal Avenue  
Simi Valley, CA 93065

Edward Williams (Mark Aschermann)  
6300 West Loop S., Suite 341  
Bellaire, TX 77401

Engelhardt Law, PLLC  
4544 Post Oak Place Dr., Suite 270  
Houston, TX 77027

First National Bank of Omaha  
1700 Jay Ell Drive, Suite 200  
Richardson, TX 75081

G & H Wire Company  
2165 Earlywood Drive  
Franklin, IN 46131

Gearold White & Lori Johnson  
6518 Rice Rd.  
Pearland, TX 77581

Gearold White & Lori Johnson (JP Ct, Pct 1, Plc 2  
1302 Preston  
Houston, TX 77002

Global Dental Solutions, LLC  
8215 Roswell Road, Bldg. 500  
Atlanta, GA 30350

Global Dental Solutions, LLC (J. Forman)  
8215 Roswell Road, Bldg. 800  
Atlanta, GA 30350

H W Brueggen, DDS, Inc. (Frank Svetlik)  
One Riverway, Suite 1700  
Houston, TX 77056

H. W. Brueggen, DDS, Inc. (Frank Svetlik)  
One Riverway, Suite 1700  
Houston, TX 77056

Harris County Toll Road Authority  
Violation - Dept 1, P.O. Box 4440  
Houston, TX 77210-4440

Harris County, et al  
1001 Preston, Suite 100  
Houston, TX 77002

Harris County, et al  
P.O. Box 4576  
Houston, TX 77210

Harris County, et al  
4828 Loop Central Dr., Suite 600  
Houston, TX 77081

Harris County, et al (John Dillman)  
P.O. Box 3064  
Houston, TX 77253

Hartman Income REIT, Inc.  
2909 Hillcroft Ave., Suite 420  
Houston, TX 77057

Hartman Income REIT, Inc.  
P.O. Box 571017  
Houston, TX 77257

HCTRA (John P. Dillman)  
P.O. Box 3064  
Houston, TX 77253

HCTRA (Linebarger)  
4828 Loop Central Drive, #500  
Houston, TX 77081

Health First/HF Acquisition CO, LLC  
Dept. CH 14330  
Palatine, IL 60055

Henry Schein (Jon Tott)  
2211 Norfolk, Suite 510  
Houston, TX 77098

HIOssen  
1957 Pioneer Road, Bldg. D  
Huntington Valley, PA 19006

Idriss-Mobarak, Inc. dba Mariner Dental Lab.  
16219 1/2 North Freeway  
Houston, TX 77090



Idriss-Mobarak, Inc. dba Mariner Dental Lab. (M.  
819 Hogan Street  
Houston, TX 77009

iHeartMedia, Inc.  
200 East Basse Road  
San Antonio, TX 78209

iHeartMedia, Inc. (Greenberg, Grant)  
5858 Westheimer Road, Suite 500  
Houston, TX 77057

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101

IRS Insolvency II (7,11)  
1919 Smith Street, Stop 5025HOU  
Houston, TX 77002

IRS-U.S. Attorney  
1000 Louisiana Street, Suite 2300  
Houston, TX 77002

IRS-U.S. Attorney General  
10th & Constitution, N.W.  
Washington, DC 20530

ISCO II - Isaac Smith  
  
Long Beach, CA 90805

Jamie Prado/TWC/Ofc of Atty Gen  
P.O. Box 12548  
Austin, TX 78711

Larisa Pratcher  
1727 Thornhollow Drive  
Houston, TX 77014

Lending Club  
1700 West Park Drive, Suite 310  
Westborough, MA 01581

Logix  
P.O. Box 3608  
Houston, TX 77253

Lunye Collins  
9403 Jowett Place  
Sugar Land, TX 77498

Magic 102.1  
P.O. Box 847339  
Dallas, TX 75284

Master Dental Arts  
12715 Ashford Creek Drive  
Houston, TX 77082

MedPro Disposal Waste  
1548 Bond Street, #106  
Naperville, IL 60563

Midwest Dental  
P.O. Box 4802  
Wichita Falls, TX 76308

Neoma M. Harris  
7417 Hoffman Street  
Houston, TX 77028

Neoma M. Harris (S. A. Randle, Jr.)  
5177 Richmond Ave., Suite 635  
Houston, TX 77056

New Pars Dental Lab  
6732 Highway 6 South  
Houston, TX 77083

Nexadental  
8831 South 117th Street  
LaVista, NE 68128

Nexadental (Williams, et al)  
5255 North Federal Hwy., Thrid Floor  
Boca Raton, FL 33487

Onica Moon  
6227 McKinstry  
Houston, TX 77085

Patterson Dental Supply, Inc.  
1031 Mendota Heights  
St. Paul, MN 55120

Patterson Dental Supply, Inc. (Jon Tott)  
2211 Norfolk, Suite 510  
Houston, TX 77098

Patterson Dental Supply, Inc. (Michael Stein)  
1113 Vine Street, Suite 217  
Houston, TX 77002

Paychex Business Solutions  
970 Lake Carillon Drive, Suite 400  
St. Petersburg, FL 33715

Quill Healthcare  
P.O. Box 37600  
Philadelphia, PA 19101

Quill Healthcare/RMS  
P.O. Box 509  
Richfield, OH 44286

Radiological Systems, Inc.  
P.O. Box 871  
Richmond, TX 77406

Rahim Habibi  
3515 Cabin Place  
Sugar Land, TX 77479

Rita Broussard  
18303 Sabletree Drive  
Houston, TX 77084

Robert J. Moon, DDS  
3100 Timmons Lane, Suite 260  
Houston, TX 77027

Ronald J. Moon, DDS  
3100 Timmons Lane, Suite 260  
Houston, TX 77027

Safco Dental Supply  
1111 Corporate Grove Drive  
Buffalo Grove, IL 60089

Safco Dental Supply/C2C Resources, LLC  
56 Perimeter Center East, Suite 100  
Atlanta, GA 30346

Safeco Insurance/Rollow Insurance Group, Inc.  
3091 University Drive E., Suite 310  
Bryan, TX 77802

Sherry Tillis  
13318 Raven Roose Drive  
Cypress, TX 77429

Shirley Taylor  
8743 Ashlawn Drive  
Houston, TX 77083

Shirley Taylor (Michael Miner)  
3650 Lovell Avenue  
Fort Worth, TX 76107

Smith & Dean, Inc.  
11511 Katy Freeway, Suite 430  
Houston, TX 77079

SolutionReach  
2912 Executive Parkway, Suite #300  
Lehi, UT 84043

SolutionReach/ADK  
1201 Sussex Turnpike  
Randolph, NJ 07869

Stearns Bank, N.A.  
500 13th Street  
Albany, MN 56307

Stearns Bank, N.A./CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703

SteriCycle  
4010 Commercial Avenue  
Northbrook, IL 60062

SteriCycle/A.R.M. Solutions, Inc.  
P.O. Box 2929  
Camarillo, CA 93011

Suhayeb Fayad  
3500 Woodchase Drive, #1301  
Houston, TX 77043

Supply World  
11870 Santa Monica Blvd., #106-459  
Los Angeles, CA 90025

Taylor Jacobs  
6515 Paso Del Sol  
Houston, TX 77083

Texas Comptroller (Ofc. of the Attorney General)  
P.O. Box 12548  
Austin, TX 78711

Texas Comptroller of Public Accounts  
111 E. 17th Street  
Austin, TX 78774

Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714

Texas Workforce Commission  
P.O. Box 149037  
Austin, TX 78714

Texas Workforce Commission  
12455 Beechnut  
Houston, TX 77072

Texas Workforce Commission  
101 E. 15th Street, Rm. 556  
Austin, TX 78778

Texas Workforce Commission (Ofc. of the AG)  
P.O. Box 12548  
Austin, TX 78711

The Bryona Advisory Group/Toni Cormier  
11805 Chimney Rock Road  
Houston, TX 77231

The Bryona Advisory Group/Toni Cormier  
P.O. Box 310652  
Houston, TX 77231

The Go Daddy Group, Inc.  
14455 N. Hayden Road, Suite 226  
Scottsdale, AZ 85260

Time Payment Corp  
16 N.E. Executive Park, #200  
Burlington, MA 01803

Time Payment Corp  
16 N.E. Executive Park, #200  
Burlington, TX 01803

Tischler Dental Laboratory  
43 Basin Road, Suite 11  
West Hurley, NY 12491

Unetek  
1514 Avenue D  
Katy, TX 77493

Victor Fuentes  
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700 Louisiana, Suite 4545  
Houston, TX 77002

Wilson Radio Graft  
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Houston, TX 77074

Yellowstone Capital, LLC  
17 State Street, Suite 4000  
New York, NY 10004

Yellowstone Capital, LLC  
160 Pearl Street, 5th Floor  
New York, NY 77027

Yellowstone Capital, LLC (Vadem Serebro)  
P.O. Box 1511 Wall Street Station  
New York, NY 10268

Yellowstone Capital, LLC (Vadem Serebro)  
1 Evertrust Plaza, 14th Floor  
Jersey City, NJ 07302

Yellowstone Capital, LLC/CSC  
P.O. Box 2476  
Springfield, IL 62708



UNITED STATES BANKRUPTCY COURT  
Southern District of Texas  
Houston Division

In re: **Dental Plus Management, LLC**

Debtors

Case No. **16-33482-H4-11**

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **July 20, 2016**

Signed: **s/Ronald J. Moon**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_